UNITED NATIONS **DP**

Executive Board of the United Nations Development Programme and of the United Nations Population Fund

Distr.
GENERAL

DP/FPA/CP/162
6 November 1996

ORIGINAL: English

First Regular session 1997
13 - 17 January 1997, New York
Item 2 of the provisional agenda
UNFPA

UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Malawi

Proposed UNFPA assistance:	$15 million, $11 million from regular resources and $4 million from multi-bilateral and/or regular resources
Programme period:	5 years (1997-2001)
Cycle of assistance:	Fourth
Category per decision 96/15:	A

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	*Total*
Reproductive health	6.0	3.0	9.0
Population & development strategies	4.0	1.0	5.0
Advocacy	1.0	-	1.0
Total	11.0	4.0	15.0

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MALAWI

INDICATORS RELATED TO ICPD GOALS*

		Thresholds*
Births attended by health professional (%)[1]	55.0	≥60
Contraceptive prevalence rate (15-44) (%)[2]	13.0	≥55
Access to basic health services (%)[3]	80.0	≥60
Infant mortality rate (/1000)[4]	143.0	≤50
Maternal mortality rate (/100,000)[5]	400.0	≤100
Gross female enrolment rate at primary level (%)[6]	45.5	≥75
Adult female literacy rate(%)[7]	38.8	≥50

*** AS CONTAINED IN DOCUMENT DP/FPA/1996/15 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 96/15.**

1 *WHO, Coverage of Maternal Care, 3rd ed., 1993. Data cover the period 1983-1993.*
2 *United Nations Population Division, World Contraceptive Use 1994, ST/ESA/SER.A/143. Data cover the period 1986-1993.*
3 *UNICEF, The State of the World's Children, 1995. Data cover the period 1985-1993.*
4 *United Nations Population Division, World Population Prospects Database 1950-2050, 1994 Revision. Data are for 1992.*
5 *UNICEF, The State of the World's Children 1995, which is based on data compiled by WHO. Data cover the period 1980-1992.*
6 *United Nations Statistical Division, Women's Indicators and Statistics Database, Version 3 (CD-ROM), 1994, which is based on data compiled by UNESCO.*
7 *UNESCO, Education for All - Status and Trends, 1994.*

Demographic Facts

Population (000) in 1995	11,129
Population in year 2000 (000)	12,144
Sex ratio (/100 females)	97.4
Per cent urban	13.5
Age distribution (%)	
Ages 0-14	46.8
Youth (15-24)	18.9
Ages 60+	4.4
Percentage of women aged 15-49	44.5
Median age (years)	16.6
Population density (/sq. km.)	94
Annual population growth rate (%)	3.5
Urban	6.2
Rural	3.0
Crude birth rate (/1000)	47.4
Crude death rate (/1000)	19.6
Net migration rate (/1000)	-10.3
Total fertility rate (woman)	6.69
Life expectancy at birth (years)	
Males	44.3
Females	45.4
Both sexes	44.8
GNP per capita (U.S. dollars, 1994)	140

Sources: Data are from the Population Division, Department of Economic and Social Information and Policy Analysis of the United Nations, World Population Prospects: the 1994 Revision. GNP per capita is from UNDP. Two dashes (--) indicate that data are not available.

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1. The United Nations Population Fund (UNFPA) proposes to support a population programme over the five-year period 1997-2001 to assist the Government of Malawi in achieving its population and development objectives. UNFPA proposes to fund the programme in the amount of $15 million, of which $11 million would be programmed from UNFPA's regular resources to the extent such resources are available. UNFPA would seek to provide the balance of $4 million from multi-bilateral resources and/or regular resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources. This would be UNFPA's fourth cycle of assistance to Malawi.

2. The proposed programme was prepared in close collaboration with national authorities and takes into account the Government's overall objectives on population and development, the findings and recommendations of the multisectoral programme review and strategy development (PRSD) exercise, and the proposed programmes of other multilateral and bilateral donors in the population field, in particular those of UNDP, UNICEF and the World Food Programme (WFP).

3. The programme is designed to help the Government achieve the following national objectives by the year 2002, which it has set for itself in the National Population Policy and other policy documents: to reduce the annual population growth rate to 2.4 per cent; to reduce the total fertility rate from 6.7 to 5.0; to reduce the infant mortality rate from 143 per 1,000 live births to 100 per 1,000; to reduce maternal mortality to 200-300 per 100,000 live births; to reduce adolescent pregnancies by 50 per cent; and to increase the contraceptive prevalence rate to 28 per cent. The programme will also work to contribute to gender equality, equity and the empowerment of women.

4. The broad strategies to be employed in helping the Government achieve these goals cut across the three UNFPA core programme areas and include: (a) strengthening institutional capacity; (b) building human capacity; (c) assisting with the process of decentralization; (d) establishing advocacy networks and partnerships; (e) encouraging greater coordination of inputs for population programmes by the United Nations system and bilateral agencies; (f) promoting technical cooperation between Malawi and other developing countries; and (g) ensuring community participation in population activities, thus promoting ownership and sustainability. UNFPA will work at the national level in assisting the Government in coordination and advocacy activities and will concentrate on four underserved districts in helping to provide reproductive health services.

5. All activities undertaken under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the Programme of Action of the 1994 International Conference on Population and Development (ICPD), which was endorsed by the General Assembly through its resolution 49/128.

Background

6. On the basis of the 1987 population census, Malawi's population is currently estimated at 11.1 million, increasing at an annual rate of 3.5 per cent. This translates into more than 200 persons per square kilometre of arable land, making Malawi one of the most densely populated countries in Africa. The high population growth rate is exerting increasing pressure on various sectors of the economy. Environmental degradation and soil erosion are on the increase, and forest resources are being depleted beyond sustainable levels.

7. Although declining from 7.6 children per woman in 1984, the total fertility rate is still high at 6.7 as a result of a pattern of early marriages, early age at first pregnancy and relatively short birth intervals. According to the 1992 demographic and health survey, at the time of the survey 65 per cent of adolescents had started child-bearing. As expected, fertility among rural women is higher (6.9 children per woman) than among urban women (5.5 per woman). In spite of a more than 90 per cent awareness of modern contraception as reported by the same survey, the contraceptive prevalence rate (CPR) of 13 per cent is still low. Factors accounting for the low contraceptive rate include limited access to, and availability of, family planning services as well as sociocultural attitudes that inhibit utilization of reproductive health services.

8. Despite a rather good coverage of health facilities in the country, the health status of Malawi's people is very low. Almost one in every four children dies before reaching the fifth birthday. Maternal mortality is very high, and as many as 2,700 women die every year of pregnancy-related complications. The low health status has been aggravated by a worsening HIV/AIDS crisis: Malawi has one of the highest rates of HIV infection in the world with an estimated 1.3 to 1.6 million persons being infected. Except for the percentage of the population that has access to basic health services, Malawi does not meet any of the threshold levels of the ICPD-related goals endorsed by the Executive Board in decision 96/15. It therefore fits into category "A" in terms of UNFPA's new approach for resource allocation.

9. In spite of commendable initiatives by the Government to promote women's equality, including the adoption of a new Constitution that provides for the protection of women's rights and the signing by Malawi of the Convention on the Elimination of All Forms of Discrimination Against Women, strong social and cultural forces continue to assign a very low status to Malawian women. The overall educational level remains low. However, following the introduction of free primary education in 1994-1995, enrolment increased from 2 million in 1993-1994 to 3.2 million the following year. The increase among girls has been particularly noticeable. Despite these improvements, the education system still faces a number of constraints, such as overcrowding, lack of materials and high drop-out rates, especially among girls.

10. The Government's perceptions and attitudes towards population have evolved over time from total indifference to lukewarm to one of very enthusiastic and strong support, especially after

the change from the single-party system to a multi-party system in 1994. In 1986, after several years of not acknowledging that Malawi had a population problem, the Government accepted some recommendations made by the World Bank, including the establishment of a formal institutional capacity for population policy formulation and planning and strengthening of the child-spacing component of the maternal and child health and family planning (MCH/FP) programme. The child-spacing policy and contraceptive guidelines were liberalized in 1992 to allow the provision of services to adolescents and unmarried people. The first explicit and comprehensive population policy was adopted by the Government in 1994. The overall goal of the population policy is to lower fertility and infant, child and maternal mortality rates as well as to increase utilization of family planning services.

Previous UNFPA assistance

11. UNFPA's third country programme for Malawi was approved in the amount of $10.5 million for the period 1992-1996 and sought mainly to increase the demand for and the provision of MCH/FP services as well as to expand knowledge and enhance awareness of the interrelationships between population, the environment and development. The PRSD found that, overall, the UNFPA programme design was consistent with the positive shift in the Government's stance towards population issues. Some of the objectives were, however, unrealistic in that they did not take into account the lack of institutional capacity. The programme substantially contributed to the formulation of several policy documents in addition to the population policy. Overall, the PRSD team found these policy guidelines to be appropriate, relevant and implementable. It did, however, find some weaknesses: some of the goals of the population policy were too ambitious; the information, education and communication (IEC) strategy focused more on awareness creation and less on strategies to change behaviour; and the National Commission on Women in Development lacked adequate resources to implement the national policy on women.

12. These shortcomings were further exacerbated by weak technical, managerial and institutional capacity; inadequately equipped health infrastructure; limited access to and availability of reproductive health services, including family planning; deep-seated sociocultural beliefs and customs detrimental to women; high illiteracy rates; and the very low status of women. Other constraints to a more successful implementation of the programme relate to inadequate coordination of the programme, both by the Government and the donor community. In addition, the strong government support at the highest level is yet to permeate other levels of leadership and to the population at large. Nevertheless, the new Government's policy of openness and its commitment to positive change provide a conducive environment for implementing the new population programme.

13. Activities in the area of MCH/FP have contributed substantially to some of the policy guidelines mentioned above as well as to the extension of reproductive health services, through, for example an increase in the number of health facilities providing family planning services from 326 in 1993 to 393 in 1995. However, in addition to weaknesses mentioned above, the health system has been unable to cope with the reproductive health needs of adolescents and the alarming spread of HIV/AIDS. Activities in the IEC sector have resulted in a high general awareness about family planning among all age and socio-economic groups. Ninety-seven per cent of married men and 95 per cent of married women know of at least one method of family planning and where to get services. This high level of awareness about family planning, and of HIV/AIDS, among adults has not led to a discernible change in behaviour, highlighting shortcomings in the IEC strategy.

14. Achievements in the data collection and analysis sector include analysis of the 1987 population and housing census as well as the mapping for the 1997 population and housing census. The data from the 1987 census are now being used by the Government and donors alike for planning, especially at the district level. The major achievement in the policy area was the formulation of the population policy and increased awareness of population issues, as evidenced by the integration of population concerns in all major policy documents. In the area of population dynamics, programme resources were mostly used for the teaching of demography and population studies at the University of Malawi, as a continuation of activities started during the previous country programme. This programme has proved to be a catalyst for bringing about awareness of population issues among students, staff, decision makers and planners. Due to lack of staff, the research component has, however, not produced any significant result.

15. A major achievement in the area of gender, population and development has been the programme contribution to the formulation of the National Policy and Plan of Action for Women in Malawi. The implementation of the policy, however, faces a major challenge in view of the institutional weakness of the National Commission on Women in Development (NCWID), the national coordinating body for gender concerns.

Other external assistance

16. There are several major donors in the population field in Malawi: UNICEF, UNDP, WHO, the European Union, the United States Agency for International Development (USAID), the British Overseas Development Administration (ODA), and the German Gesellschaft für Technische Zusammenarbeit (GTZ) all make contributions in this area. While it is difficult to quantify the volume of assistance to the population sector due to uncertainties on funding levels, it is roughly estimated that over the next five years the total annual level of external assistance to the population sector will be approximately $20 million, of which UNFPA would contribute somewhat more than $3 million.

17. In the absence of a strong national coordinating body, the health and population donor sub-group, of which UNFPA is an important member, plays an important role in ensuring complementarity of inputs. The proposed programme takes fully into account the inputs from other development partners, including NGOs and multilateral and bilateral donors, through continued active participation in existing coordination mechanisms at the country level. Substantively, while UNFPA will focus on its three core programme areas, care will be taken that, where other agencies provide the same type of assistance, the programme will focus on areas where UNFPA has a comparative advantage. In the reproductive health area, UNFPA will ensure that its assistance is complementary to that of UNICEF, ODA, WHO and others. In the population and development strategies area, the programme will focus on increasing understanding of population issues and ensuring effective integration of population factors into development planning. In the area of advocacy, the programme will seek to promote support by leaders at all levels for the National Population Policy. In working with the Government on these issues, the Fund will collaborate closely with UNDP, UNICEF, WHO and others to ensure complementarity and coherence of messages.

Proposed programme

18. The main strategies of the proposed programme are to strengthen institutional and human capacity and to ensure community participation. Such an approach is a prerequisite for self-sufficiency and will promote ownership and sustainability. While activities in the three core programme areas will be implemented throughout the whole country, at least four districts with particularly poor reproductive health indicators will be targeted for special attention. These include Thyolo, Chikwawa, Mchinji and, possibly, Nsanje districts. Mchinji has been selected by the United Nations system as a whole as a pilot case for enhanced coordination and collaboration where inputs from various United Nations agencies will provided in a complementary way. For each of the three programme areas, a strategic implementation plan will be developed, and gender concerns will be addressed as a cross-cutting issue in all three programme areas.

19. Reproductive health. In the area of reproductive health, the proposed programme will seek to provide integrated reproductive health services, including family planning, in at least 30 per cent of existing health centres, up from the current 10 per cent that provide these services. It will also aim at improving privacy for selected health centres at the primary level. At the community level, 100 villages will be targeted for the integration of reproductive health into the WHO-supported primary health care programme. Moreover, outreach-clinic activities will be expanded to more rural areas in the four priority districts. Support will also be provided for the renovation and/or upgrading of at least 30 health centres in areas where no other agency is operating. In order to increase the availability of services, assistance will be provided for essential drugs, supplies and equipment for reproductive health, including a range of contraceptives and communication and transport facilities. This activity will be facilitated by the contraceptive logistics management system now being developed by the Government with the assistance of USAID. The proposed programme

will give special attention to the reproductive health needs of youth and the involvement of males in the implementation of the reproductive health programme, as will the need to reduce the transmission of sexually transmitted diseases (STDs), including HIV/AIDS.

20. As part of institution building, the technical capacity of the Family Health Unit will be enhanced by redefining and expanding its role as a Reproductive Health Unit. UNFPA will support training to accomplish this. Similarly, the technical and managerial capacity of the National Family Welfare Council of Malawi, a parastatal organization created to coordinate family planning and related IEC activities, will also be strengthened through staff training. Family planning coordinators at the regional and district levels will be trained in planning, monitoring, supervising and evaluating reproductive health programmes. In implementing this programme, UNFPA will seek to expand its collaboration with NGOs as well as with institutions in the private sector, such as the tobacco and tea estates.

21. In order to build human capacity to carry out reproductive health activities and to improve the quality of care being offered, the proposed programme will help with the training of at least 800 health workers in reproductive health service delivery, with emphasis on those already trained in family planning. Furthermore, three of the seven in-service training centres for service providers will be upgraded and provided with necessary training materials in order to increase their intake of trainees and to enhance the quality of the training, the objective being to have by the end of the programme a corps of 1,600 service providers competent in reproductive health. Furthermore, additional community-based distribution (CBD) agents will be trained and assigned primarily in areas covered by Catholic health facilities. In addition, selected training health institutions will be assisted with the integration in their curriculum of the new reproductive health approach. Support to the WHO-sponsored primary health care programme will involve the training of a minimum of 600 traditional birth attendants and the construction of 100 traditional birth attendant huts.

22. To make IEC in support of reproductive health more effective, special emphasis will be placed on strategies aimed at reducing the huge gap between knowledge and utilization of reproductive health services. To stimulate demand for reproductive health services, knowledge of sociocultural factors that influence utilization of such services will be increased, as will the implementation of IEC strategies aimed at changing behaviour. As a means of addressing the reproductive health needs of youth and increasing their knowledge about population issues in general, existing IEC materials for teacher training colleges will be improved to focus on behaviour-changing strategies. In addition, current in-school population education activities will be expanded by the introduction of the revised curriculum integrating population issues in all primary schools by 1997. Furthermore, population education will be introduced on a pilot basis in selected secondary schools. To improve the reproductive health of out-of-school youth, the programme will continue support to the Ministry of Youth, Sports and Culture for activities aimed at reducing HIV prevalence and adolescent pregnancies.

23. The programme will also develop, test and disseminate interpersonal communication tools for discussing cultural issues connected to reproductive health, including participatory research tools for men and adolescents. The programme will set up multi-purpose counselling centres for youth where services will also be made available. With a view to promoting male involvement in reproductive health, UNFPA will work to expand the male-to-male peer counselling programme in which male clients are recruited to advocate for reproductive health, including family planning, to other men. Within the overall programme, STDs and HIV/AIDS prevention messages will be developed and integrated in all IEC and reproductive health interventions. Furthermore the programme will continue to support UNAIDS activities, including sensitization workshops.

24. Population and development strategies. The priority in the population and development strategies area is to achieve a better understanding by the population at large of the interrelationships between population and various development variables as well as to ensure adequate integration of population factors into development planning. The National Population Policy provides an appropriate framework to address these issues. To this effect, the programme will provide continued support to established task forces for the preparation of a multisectoral action plan for the implementation of the National Population Policy. It will also provide training, technical expertise and financial resources to relevant government agencies to enhance their capacity for data collection and analysis, including the production of routine population projections taking into account the AIDS epidemic.

25. To ensure ready availability of updated data for planning, particular emphasis will be placed on the timely completion, analysis and dissemination of the 1997 population and housing census by providing financial and technical assistance and equipment. Furthermore, a comprehensive database on population and related fields will be established. At the same time, the programme will help develop methodologies and indicators for monitoring and evaluating progress towards the achievements of the goals of the population policy and the ICPD Programme of Action. Furthermore with a view to ensuring a better appreciation of population issues, research will be conducted on the interrelationships between population, poverty and the environment. Efforts to sensitize the population at large on population issues through workshops and other channels will continue, with a particular emphasis on district and village levels. As part of the programme contribution to gender equality, the programme will provide continued support for the establishment of teams of gender advocates, trainers and analysts. The programme will also support operational research on cultural factors affecting the role of men and women in society.

26. Advocacy. In spite of the strong commitment to population issues at the highest levels of the Government, this support has not yet reached decision makers and opinion leaders at all levels. The objective of the programme in advocacy is to assist the Government to achieve broad-based support among leaders at all levels for the national population programme. In particular, activities in this area will aim at ensuring the adoption of the "reproductive health culture", including the need to address adolescents' reproductive health needs, male responsibility, maternal mortality and morbidity,

abortions, STDs and HIV/AIDS as well as gender equality and equity and the empowerment of women. In order to achieve these objectives, the programme will build capacity for advocacy through partnerships with NGOs, community-based organizations and church groups.

Programme implementation, monitoring and coordination

27. The programme would be implemented by the various government agencies involved in the population programme, UNFPA, other United Nations agencies and international organizations, in addition to NGOs, the civil society and the private sector. Monitoring and evaluation will be carried out in accordance with standard UNFPA guidelines, which will include substantive annual project reports leading to tripartite review meetings. The Country Programme Management Team, comprising all managers of UNFPA-supported activities and technical advisers, will meet biannually to review workplans, discuss progress and plan for the future. A mid-term country programme review will be scheduled, in coordination with UNICEF, WHO, the World Food Programme and UNDP, for late 1999. Training will continue to be organized for project personnel in financial management in an effort to address difficulties encountered in the past. Technical backstopping will be provided by the UNFPA Country Support Team in Harare, Zimbabwe. The programme will contribute to the harmonization of inputs through UNFPA's participation in all relevant coordinating mechanisms.

Recommendation

28. The Executive Director recommends that the Executive Board approve the programme of assistance to Malawi, as outlined above, in the amount of $15 million over the period 1997-2001, $11 million of which would be programmed from UNFPA's regular resources, to the extent such resources are available, and the balance of $4 million would be sought from multi-bilateral and/or regular resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources.

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